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<p>Effective on 10/01/2004. Patent fees are subject to annual revision.</p> <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">For FY 2005</h2> <p>DEC 17 2004</p>		<p>Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Application Number</td> <td>09/625,586</td> </tr> <tr> <td>Filing Date</td> <td>07-26-2000</td> </tr> <tr> <td>First Named Inventor</td> <td>Jason T. Sterne, et al.</td> </tr> <tr> <td>Examiner Name</td> <td>Odland, David E.</td> </tr> <tr> <td>Art Unit</td> <td>2662</td> </tr> <tr> <td>Attorney Docket No.</td> <td>1400.4100291</td> </tr> </table>		Application Number	09/625,586	Filing Date	07-26-2000	First Named Inventor	Jason T. Sterne, et al.	Examiner Name	Odland, David E.	Art Unit	2662	Attorney Docket No.	1400.4100291
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<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">TOTAL AMOUNT OF PAYMENT</td> <td style="width: 50%;">(\$) 110.00</td> </tr> </table>		TOTAL AMOUNT OF PAYMENT	(\$) 110.00										
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<p>METHOD OF PAYMENT (check all that apply)</p> <p> <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Deposit Account <input type="checkbox"/> None </p> <p> Deposit Account Number: 50-1566 Deposit Account Name: Ross D. Snyder & Associates, Inc. </p> <p>The Director is hereby authorized to: (check all that apply)</p> <p> <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments </p> <p>to the above-identified deposit account.</p> <p><input type="checkbox"/> Other (please identify):</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>	<p>FEE CALCULATION (continued)</p> <p>2. EXTRA CLAIM FEES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Fee Description</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Each claim over 20</td> <td>18</td> <td>9</td> </tr> <tr> <td>Each independent claim over 3</td> <td>88</td> <td>44</td> </tr> <tr> <td>Multiple dependent claims</td> <td>300</td> <td>150</td> </tr> <tr> <td>For Reissues, each claim over 20 and more than in the original patent</td> <td>18</td> <td>9</td> </tr> <tr> <td>For Reissues, each independent claim more than in the original patent</td> <td>88</td> <td>44</td> </tr> <tr> <td>Total Claims</td> <td></td> <td></td> </tr> <tr> <td colspan="3"> - 20 or HP = _____ x _____ = _____ HP = highest number of total claims paid for, if greater than 20 </td> </tr> <tr> <td>Indep. Claims</td> <td></td> <td></td> </tr> <tr> <td colspan="3"> - 3 or HP = _____ x _____ = _____ HP = highest number of independent claims paid for, if greater than 3 </td> </tr> <tr> <td>Multiple Dependent Claims</td> <td></td> <td></td> </tr> <tr> <td colspan="3" style="text-align: right;"> Subtotal (2) \$ _____ </td> </tr> <p>3. OTHER FEES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Fee Description</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>1-month extension of time</td> <td>110</td> <td>55</td> <td>110.00</td> </tr> <tr> <td>2-month extension of time</td> <td>430</td> <td>215</td> <td></td> </tr> <tr> <td>3-month extension of time</td> <td>980</td> <td>490</td> <td></td> </tr> <tr> <td>4-month extension of time</td> <td>1,530</td> <td>765</td> <td></td> </tr> <tr> <td>5-month extension of time</td> <td>2,080</td> <td>1,040</td> <td></td> </tr> <tr> <td>Information disclosure stmt. fee</td> <td>180</td> <td>180</td> <td></td> </tr> <tr> <td>37 CFR 1.17(q) processing fee</td> <td>50</td> <td>50</td> <td></td> </tr> <tr> <td>Non-English specification</td> <td>130</td> <td>130</td> <td></td> </tr> <tr> <td>Notice of Appeal</td> <td>340</td> <td>170</td> <td></td> </tr> <tr> <td>Filing a brief in support of appeal</td> <td>340</td> <td>170</td> <td></td> </tr> <tr> <td>Request for oral hearing</td> <td>300</td> <td>150</td> <td></td> </tr> <tr> <td>Other:</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="3" style="text-align: right;"> Subtotal (3) \$ 110.00 </td> </tr> </tbody> </table> </tbody></table>	Fee Description	Fee (\$)	Small Entity Fee (\$)	Each claim over 20	18	9	Each independent claim over 3	88	44	Multiple dependent claims	300	150	For Reissues, each claim over 20 and more than in the original patent	18	9	For Reissues, each independent claim more than in the original patent	88	44	Total Claims			- 20 or HP = _____ x _____ = _____ HP = highest number of total claims paid for, if greater than 20			Indep. Claims			- 3 or HP = _____ x _____ = _____ HP = highest number of independent claims paid for, if greater than 3			Multiple Dependent Claims			Subtotal (2) \$ _____			Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)	1-month extension of time	110	55	110.00	2-month extension of time	430	215		3-month extension of time	980	490		4-month extension of time	1,530	765		5-month extension of time	2,080	1,040		Information disclosure stmt. fee	180	180		37 CFR 1.17(q) processing fee	50	50		Non-English specification	130	130		Notice of Appeal	340	170		Filing a brief in support of appeal	340	170		Request for oral hearing	300	150		Other:				Subtotal (3) \$ 110.00		
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SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	37,730
Name (Print/Type)	Ross D. Snyder	Telephone	512-347-9223
		Date	12-09-2004

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Jason T. Sterne, et al.

Title: MULTI-PROTOCOL SWITCH AND METHOD THEREFORE

App. No.: 09/625,586

Filed: 07-26-2000

Examiner: Odland, David E

Group Art Unit: 2662

Atty. Dkt. No. 1400.4100291

Mail Stop Amendment
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

RESPONSE

Dear Sir:

In response to the Office action of August 9, 2004, please amend the above-identified application as follows: